

Saddleback Portable X-Ray
Phone: 714.835.2915
Fax: 714.543.3114

Radiology
ORDER REPORT

PATIENT'S NAME: Alice Quitanilla	PATIENT'S ID: 12345	DATE OF BIRTH: 11-22-1991	SEX: Female	
ADDRESS:	CITY, STATE & ZIP: , ,	PHONE NO: 9098169796		
ORDERING FACILITY: ASPC Douglas		ADDRESS: 6911 N. BDI Blvd		
CITY, STATE & ZIP: Douglas, AZ, 85607	PHONE NO: 46887654324	FAX: tyk	NPI:	
REQUESTED DATE/TIME OF SERVICE: 05-30-2017, 14:18		TECHNOLOGIST: TECH FIVEs		
REFERRING DR'S NAME: ENAYATI JOSEPH	NPI:	PHONE NO:	FAX:	

CPT CODE #1: 72040	PROCEDURE #1: Cervical, 2 viewsmnym	
CPT CODE #2: 72074	PROCEDURE #2: Thoracic, 4 views	

SYMPTOMS:

MEDICARE #:	MEDICAID #:	INSURANCE CO. :	POLICY GROUP/FECA #:
--------------------	--------------------	------------------------	-----------------------------

PHYSICIAN'S SIGNATURE: _____ DATE: ____/____/____